



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

Network Health														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	11	11
PR	2011	0	0	11	0	11	11	0	0	11	0	0	16	60
PR	2012	0	0	16	0	0	16	0	0	16				48
ME	2009	0	0	0	0	0	0	0	0	0	0	0	560,460	560,460
ME	2010	0	0	0	0	0	0	0	0	0	0	0	781,670	781,670
ME	2011	716,736	801,730	807,627	803,835	820,766	827,873	840,844	862,411	893,422	916,144	931,713	1,122,594	10,345,695
ME	2012	829,234	851,520	876,137	902,306	933,588	874,956	887,291	898,310	909,931	922,884			8,886,157
PV	2011	74,898	74,898	77,670	77,254	77,255	77,942	78,782	80,015	81,663	82,320	82,318	83,395	948,410
PV	2012	85,254	86,269	87,390	88,277	89,176	90,359	91,344	92,509	93,656	94,893			899,127
MC	2008	281,494	331,759	511,335	347,774	331,056	398,256	323,757	430,798	324,733	325,575	377,575	267,306	4,251,418
MC	2009	243,345	431,603	443,471	354,813	425,191	370,220	354,074	543,489	477,573	355,616	466,697	350,340	4,816,432
MC	2010	429,426	369,398	470,730	489,986	508,406	397,830	350,914	526,363	398,090	535,738	500,637	487,108	5,464,626
MC	2011	485,211	449,044	479,428	491,902	620,678	454,435	567,754	423,128	534,835	663,260	420,585	504,295	6,094,555
MC	2012	515,060	506,822	543,002	631,574	542,354	575,402	656,975	545,345	735,984	587,936			5,840,454
PC	2008	131,793	98,545	99,343	130,694	137,453	112,584	96,596	205,641	45,420	144,250	70,844	306,218	1,579,381
PC	2009	113,491	139,770	63,029	265,475	135,582	65,751	145,770	190,582	129,694	129,616	155,494	138,476	1,672,730
PC	2010	191,014	205,189	147,567	146,429	146,777	143,360	208,111	138,477	147,048	136,034	171,878	159,004	1,940,888
PC	2011	155,122	153,769	98,991	172,954	321,996	167,252	160,723	157,842	270,374	191,907	190,836	283,084	2,324,850
PC	2012	201,848	224,011	228,107	234,845	251,098	285,815	282,571	231,696	233,900	250,127			2,424,018
DC	2008	6,293	6,359	6,686	8,964	5,723	6,535	9,947	8,526	8,259	11,038	9,003	10,193	97,526
DC	2009	6,144	9,514	8,907	10,859	9,602	8,892	11,099	9,226	9,900	7,877	7,851	9,137	109,008
DC	2010	5,792	7,328	8,799	7,151	7,085	9,124	6,450	4,892	6,127	4,490	4,596	5,535	77,369
DC	2011	3,004	4,093	4,922	4,422	3,932	4,769	3,719	4,866	3,751	8,138	5,345	4,447	55,408
DC	2012	4,122	5,766	7,020	5,452	7,425	7,755	6,458	9,691	7,236	9,370			70,295

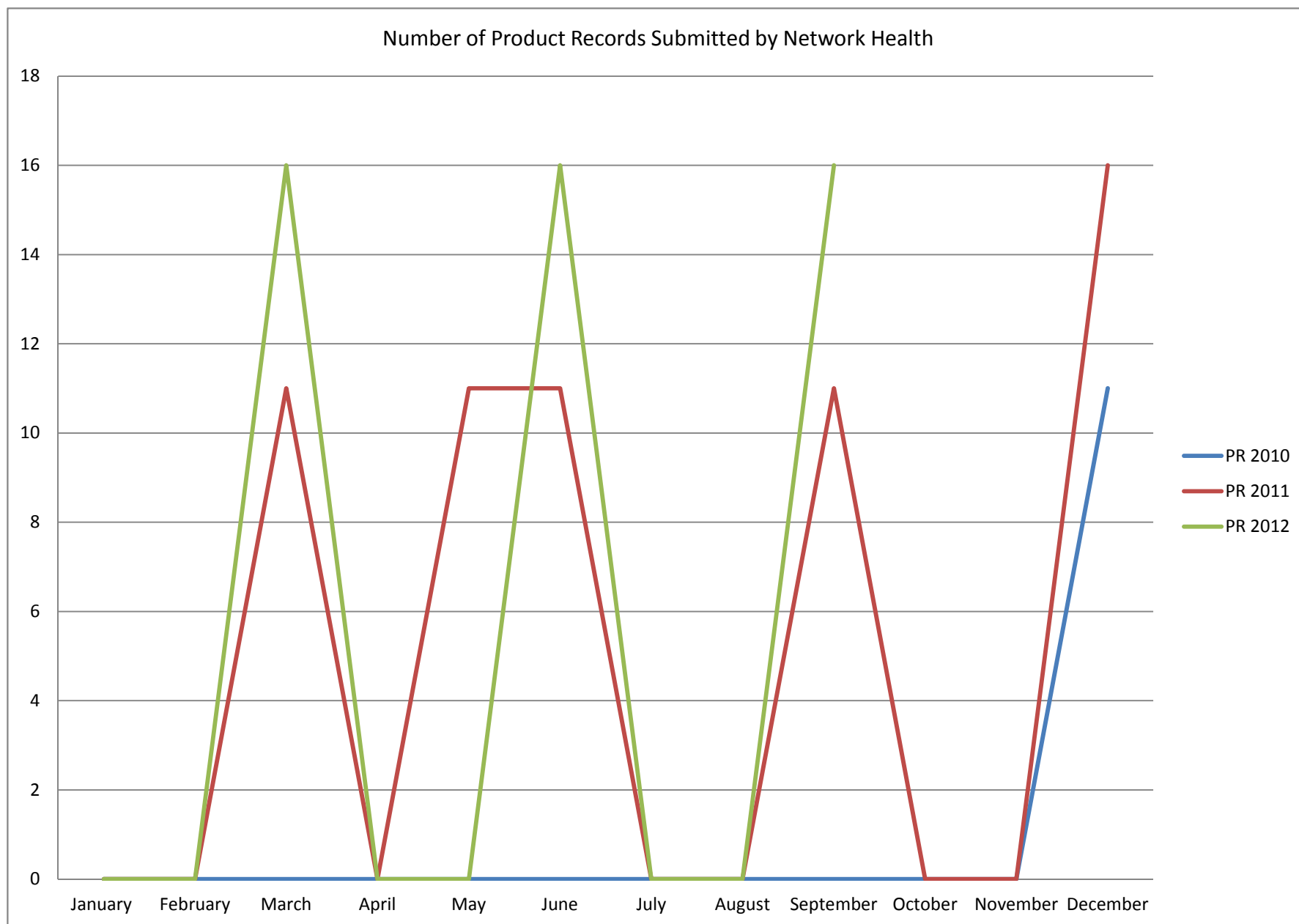
***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

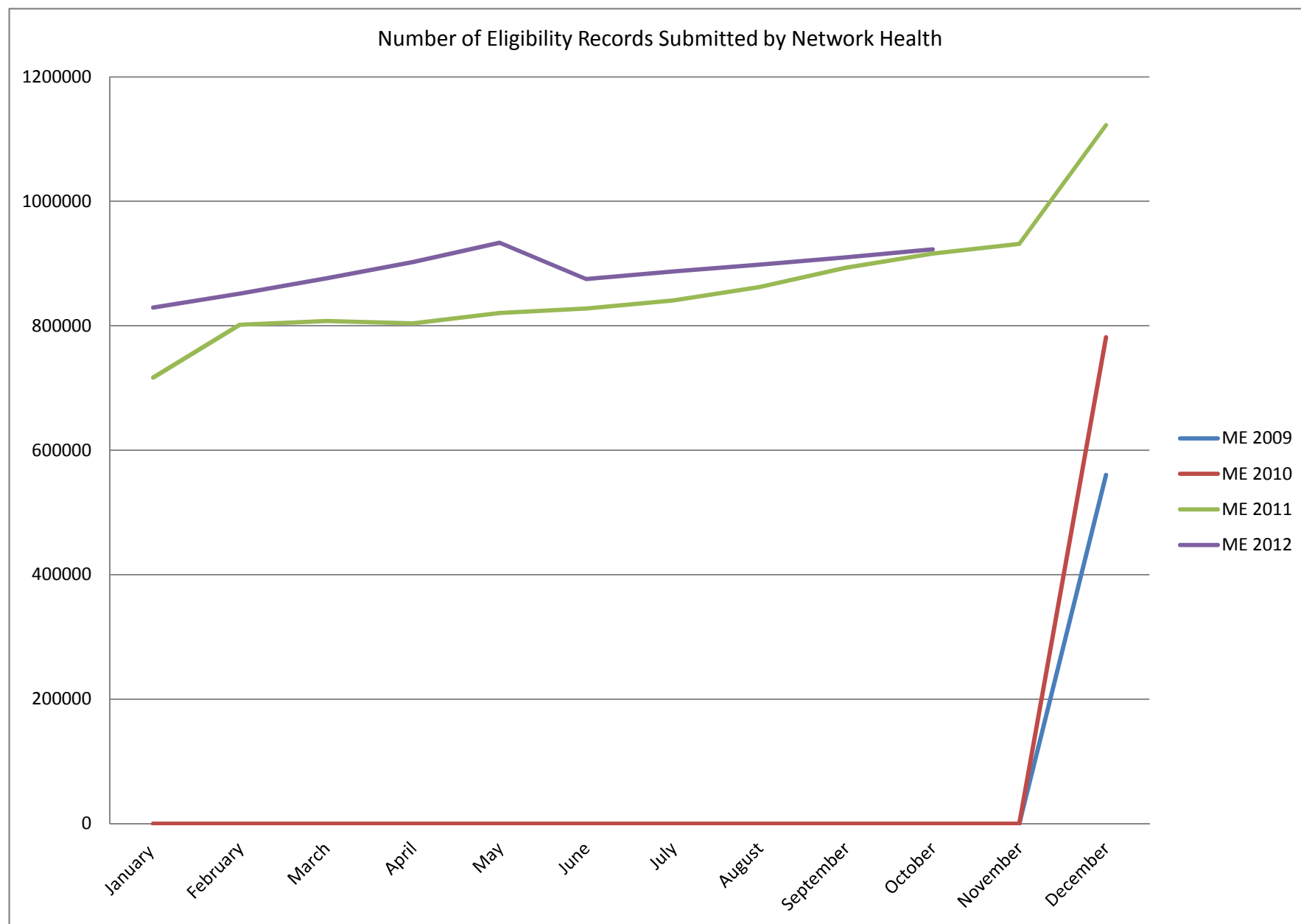
The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

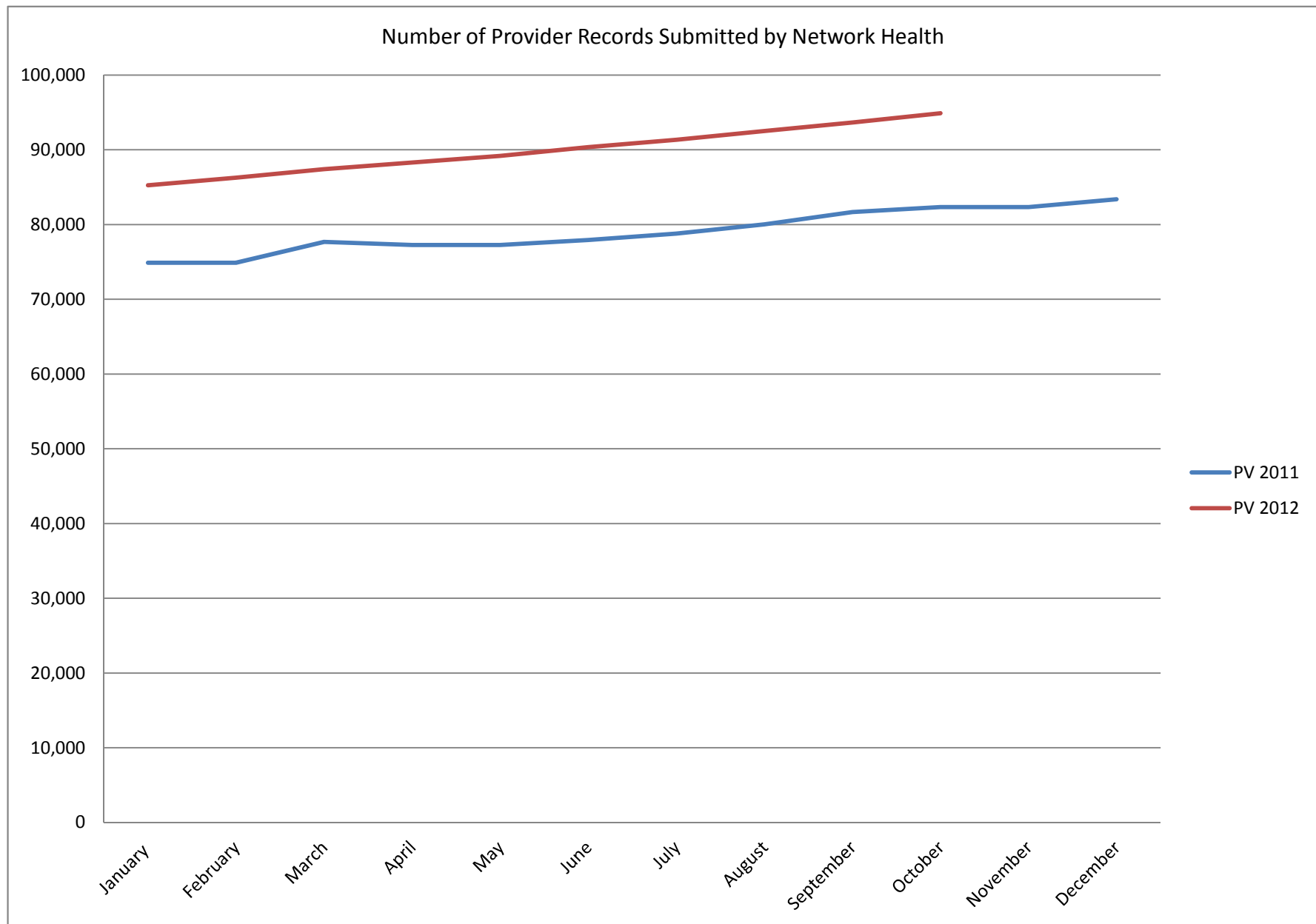
These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.

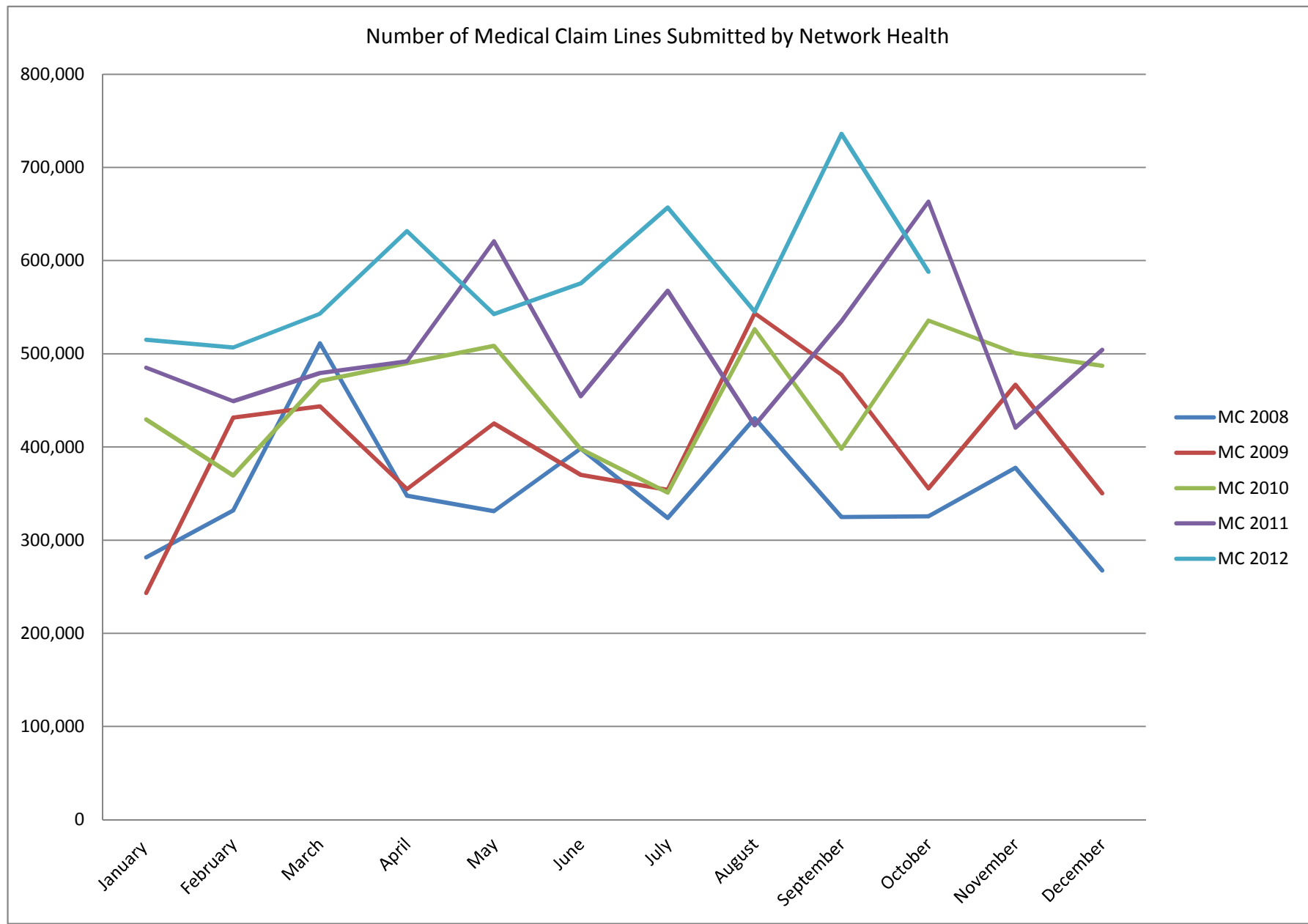
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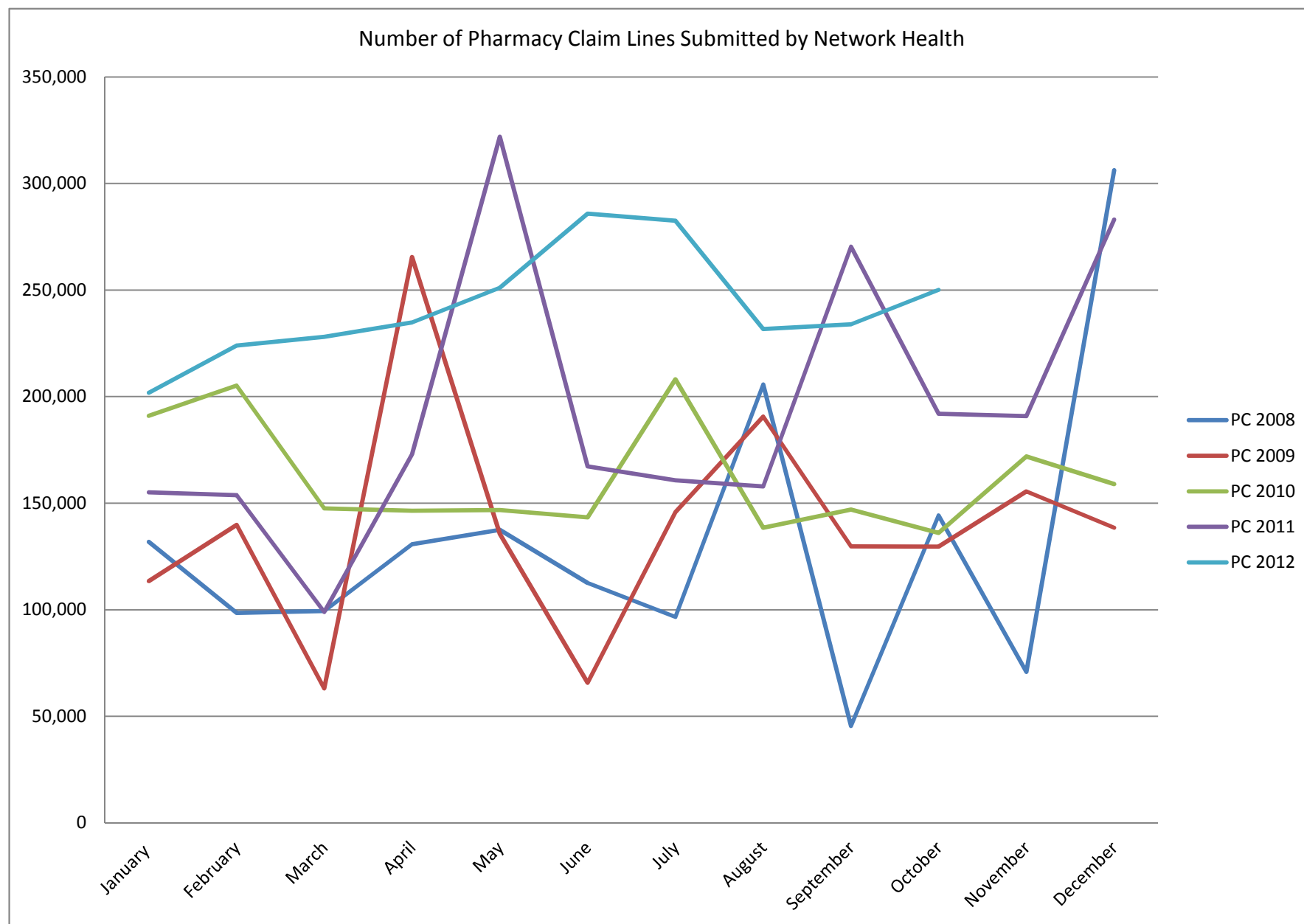




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